

Election System of the Virgin Islands

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ABSENTEE BALLOT APPLICATION

APPLICATION INFORMATION TYPE OR PRINT ONLY

Name: (as listed on the voter registration card) _____ Sex: Male Female

Last Four Digits SS # _____ Date of Birth: _____ Place of Birth: _____

Party Affiliation: _____ Democrat _____ Republican _____ Independent Citizens Movement _____ No Party
(Select only one)

Local Physical Address (No. and Street): _____ (As listed on registration card)

Local Mailing Address : _____

Telephone Number: _____ Work _____ Home _____ Fax _____

MAIL ABSENTEE BALLOT TO (Complete mailing address where you want ballot mailed)

REASON FOR ABSENTEE BALLOT (X One)

- ☐ a. Member of the Armed Forces and Spouse or dependent.
☐ b. A student residing outside the Territory.
☐ c. An officer or employee of the Government of the V.I. or Government of the U.S.
☐ d. Unable to appear because of illness or physical disability (permanent or temporary).
☐ e. A patient in a hospital, nursing home or home for the aged.
☐ f. Absent from district because of accompanying a spouse, parent or child who would be entitled to apply for the right to vote by absentee ballot.
☐ g. Detained in jail awaiting action by a grand jury or trial , or has been confined in prison after a conviction for an offense other than a felony.
☐ h. Any person who has not been out of the election district for more than 90 days prior to the date of the election for which absentee status is sought.
☐ i. Religious grounds

I REQUEST ABSENTEE BALLOTS FOR THE FOLLOWING ELECTIONS

___ Primary ___ General ___ Special ___ All election conducted in the calendar year

METHOD OF PREFERENCE IN RECEIVING APPLICATION OR BALLOT: Mail _____ E-Mail _____ Fax _____

SIGNATURE OF APPLICANT

DATE

I SWEAR OR AFFIRM TO THE SELF-ADMINISTERED OATH, UNDER PENALTY OF PERJURY THAT:

- A. I am a United States Citizen, eligible to vote in the United States Virgin Islands.
B. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so my voting rights have been reinstated.
C. I am not requesting a ballot from or voting in any other States, Territory, or Possession or subdivision of the United States or Foreign country in the coming election(s)
D. That I meet all the qualifications of a Virgin Islands elector.
E. The information on this form is true and correct.

SIGNATURE OF ELECTOR

DATE

FOR OFFICIAL USE ONLY

Registered Voter	YES	NO
Ballot Issued	<input type="checkbox"/>	<input type="checkbox"/>
Ballot Returned	<input type="checkbox"/>	<input type="checkbox"/>
Application Rejected	<input type="checkbox"/>	<input type="checkbox"/>

Reason _____